

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10725426

12-03-03

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	7					
TOTAL CLAIMS	8					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								